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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
Practitioners associated with the Customer Number: OR Practitioner(s) named below (if more than ten patent practi			25096 ittoners are to be named, then a customer		n a customer numb	er must be used):
	Name		<u> </u>	Name		Registration Number
as aftorney(s) or	agent(s) to represent the undersigned at applications assigned <u>only</u> to the undersigned	before the Unit	ed States Pat	ent and Tradema PTO assignment	rk Office (USPTO) in records or assignme	connection with
attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
X The address associated with Customer Number.			n identified fi 2509		talement under 37	CFR 3,73(0) ip:
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Assignee Name and Address: Chedmin Communication LTD., LLC 2711 Centerville Road, Suite 400 Wilmington, Delaware 19808						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	I W HUWWW			Date 28 August zers		
Name	Pat Mathews			relephone		
Title	Authorized Person for Chedmin Communication LTD., LLC					